



# TVR CHRISTIAN CAMP & RETREAT CENTER

P.O. BOX 10, PLUMTREE NC 28664 • 828.765.7860 • 828.765.0690 FAX • INFORMATION@TVR.ORG

## SUMMER CAMP RELEASE FORM 2019

Guest Name \_\_\_\_\_ Phone \_\_\_\_\_

First Middle Last

Gender:  Male  Female Age: \_\_\_\_\_ School Grade Next Fall \_\_\_\_\_

Address \_\_\_\_\_

Street City State Zip Code

Name of Church / Group \_\_\_\_\_

Week: June 10-15 June 17-22 June 24-29 July 8-13 July 15-20 July 22-27 July 29 - August 3

Please Circle One

I would like to room with: #1 Choice \_\_\_\_\_ #2 Choice \_\_\_\_\_

T-Shirt Size: Youth S Youth M Youth L Adult S M L XL XXL

### PARENT INFORMATION

Parent/Guardian Name \_\_\_\_\_

First Middle Last

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Name of Additional Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Name of Person(s) Authorized to Pick Up Camper \_\_\_\_\_

### INSURANCE INFORMATION

Is guest covered by family medical/ hospital insurance?  Yes  No

If so, indicate carrier or plan name \_\_\_\_\_ Group # \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_ Relationship to guest \_\_\_\_\_

Effective Date of Coverage \_\_\_\_\_

\*\*\* Please photocopy the front and back of health insurance card and staple it to this form \*\*\*

### IMPORTANT MEDICAL AND ALLERGY INFORMATION

Please check all medications your child is allowed to receive from TVR personnel.

\_\_\_\_\_ Acetaminophen (Tylenol) \_\_\_\_\_ Ibuprofen (Advil, Motrin, etc) \_\_\_\_\_ Antihistamines (Benadryl, etc.)

\_\_\_\_\_ Cold Medicine \_\_\_\_\_ Antacids (Tums, etc.) \_\_\_\_\_ Anti-Diarrheal (Imodium, etc.)

\_\_\_\_\_ Cough Drops

Date of last tetanus shot \_\_\_\_\_

1. Does your child have any allergies related to food, medicine, insect bites, etc. in which we need to be notified? Circle: YES NO IF YES, ALLERGY:

2. Does your child have any health conditions such as heart conditions, asthma, diabetes, etc. in which we need to be notified. Circle: YES NO IF YES, CONDITION:

If allergy or condition noted, please provide detailed explanation and treatment information (use additional sheet and attach if necessary). Please also complete medication sheet if your child has medications taken on a daily basis needing to be administered while at camp.

**Please read carefully. This section must include guest or parent/guardian signature.**

## **EMERGENCY MEDICAL RELEASE AND CAMPER AGREEMENT**

### **WE DO NOT REQUIRE NOTARIZED FORMS**

1. I/we hereby give permission for my/our child, who is a minor, to attend TVR Christian Camp and to fully participate in the activities offered for his or her age group. In the event of an emergency or sickness, I/we authorize TVR Christian Camp to secure medical treatment for my/our child, to be administered by authorized agents or agencies, as designated by TVR.
2. I/we authorize TVR Christian Camp to administer those medications to my/our child which is indicated by a checkmark on the front side of this form according to the prescribed directions for each. If spaces are left blank, TVR **WILL NOT** dispense that particular medication unless a physician or parent/guardian is contacted for approval.
3. I/we agree to allow TVR Christian Camp to use any photographic image or video taken of named camper for promotional/marketing purposes. *For safety there will be no names or information given about the individuals or groups in the photos.*
4. I/we understand payment for medical bills for my/our child is my/our responsibility and the camper's family insurance plan is responsible for injuries and/or sickness at camp. **TVR does NOT require that a guest be insured while at camp.** We do offer an optional accidental insurance plan through Standard Life and Casualty Insurance Company, which may reduce some of the expenses in the event of an injury to your child (sickness is excluded). Coverage is explained on the separate application from Standard Life (your group leader should have a copy of this form). The cost is \$6.00 for children through 18 years old. **IMPORTANT: Insurance application and a separate check made payable to TVR must be sent directly to TVR 30 days prior to attendance at TVR.** Please send insurance application and check directly to P.O. Box 10, Plumtree, NC 28664. If you have any questions, please call TVR at (828)765-7860.
5. **I/we agree to waive and release TVR Christian Camp, its employees and volunteers from any claim or cause of action that might arise on behalf of myself/ourselves or my/our child as a result of his or her participation in this event. Furthermore, I/we agree to assume all responsibility for my/our child's actions, including, but not limited to, the cost of repair or replacement for items damaged by willful abuse of my/our child and /or transportation costs, should it become necessary for my/our child to be sent home for medical or disciplinary reasons prior to the conclusion of this event.**

*By signing below, I (guest or parent/guardian of guest under 18) agree and consent to all above stated.*

Name of Parent or Legal Guardian \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_